

REPORTING

This document was prepared to help new and transferring charter schools understand how best to fill out their W-9 and General Statement of Assurances documents in order to get their Grant monies as quickly as possible. It is of equal importance for existing charter schools as well. Please note, a **NEW** General Statement of Assurances is due to Grants Management annually by May 31st.

NEW AND TRANSFERRING CHARTER SCHOOLS

GRANTS MANAGEMENT DOCUMENTS

Grants Management needs two things in order to send you checks for any of the program grants for which you may be applying, such as Title I, II, IV, etc. They are: W-9 and General Statement of Assurance (GSA). This cover sheet is intended to help you fill out the necessary documents properly to get paid. It will also be a resource if you change sponsors, charter contracts or address.

W-9:

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| Name: | Enter charter holder name as well as corporate name. |
| Business Name: | Enter d.b.a. if corporation or school name. |
| Check Corporation Box As Appropriate. | |
| Address: | Enter the address to which you want the check sent. <u>This should match your GSA.</u> |
| City, State, Zip: | See above |
| Taxpayer Identification Number (Tin): | This can be your Social Security Number if you have not received your number from the IRS yet. |

Please note when you get a new TIN or change charter signers/contracts you need to send a copy of both the old W-9 and the new one showing the TIN to Grants Management so they can update the payment system. This is VERY important if the check is to be sent to the right place.

GENERAL STATEMENT OF ASSURANCE:

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| Name Of Educational Agency: | Write charter name. (Pg. I) |
| Mailing Address: | Write the mailing address of your charter or school. (Pg. I) |
| Address To Which Checks Should Be Mailed: | <u>This should match the address on the W-9.</u> It may differ from the physical address of the school. (Pg. I) |
| Phone/Fax/E-Mail: | Where Grants Management can contact you about payments. May differ from school site. (Pg. I) |
| Subgrantee: | The Charter Holder or Authorized Signer for the corporation. (Pg. I) |
| CTDS #: | This will be supplied by ADE. Note, it needs to be your CHARTER number, not your site number. |
| County: | Where your <u>charter</u> is located. (Pg. I) |
| Date Signed: | When you actually sign this document. (Pg. IV) |
| Educational Agency: | Write Charter Name with d.b.a. if appropriate. (Pg. IV) |
| Typed Name & Title: | The Charter Holder or the Authorized Signer for the corporation holding the charter. (Pg. IV) |
| Signature: | The Charter Holder or the Authorized Signer for the corporation holding the charter. NOTE: Must be done in Blue ink, must be an original signature. (Pg IV) |

Other Authorized Agents' Signatures:

Whoever the Charter Holder or Authorized signer wishes to have access to reports, applications, and passwords for the Grant System. NOTE: **Must be done in Blue ink, must be an original signature.**

Print or Typed Name:

The Charter Holder or the Authorized Signer for the corporation holding the charter. (Pg. V)

Title of Authorized Individual:

The Charter Holder or the Authorized Signer for the corporation holding the charter. (Pg. V)

Signature:

The Charter Holder or the Authorized Signer for the corporation holding the charter. NOTE: **Must be done in Blue ink, must be an original signature.** (Pg. V)

Date:

When you actually sign this document. (Pg. V)